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B 5 (Official Form 5) (12/07)

UNITED STATES BA	INVOLUNTARY PETITION			
District of				
IN RE (Name of Debtor – If Individual: Last, First, Middle)			IES used by debtor in the last 8 years aiden, and trade names.)	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):		N		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)		MAILING ADDRE	MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLAC	E OF BUSINESS ZIP CO	DDE	ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINE	SS DEBTOR (If different fro	om previously listed address	ses)	
CHAPTER OF BANKRUPTCY CODE UNDER WI	HICH PETITION IS FILED			
☐ Chapter 7 ☐ Chapter 1	1			
INFOI	RMATION REGARDING I	DEBTOR (Check applicab	le boxes)	
Nature of Debts (Check one box.)  Petitioners believe:  □ Debts are primarily consumer debts □ Debts are primarily business debts	Type of Debtor (Form of Organization)  Individual (Includes Joint Debtor) Corporation (Includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.)  Health Care Business Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) Railroad Stockbroker Commodity Broker Clearing Bank Other	
VENUE	•		FILING FEE (Check one box)	
<ul> <li>□ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</li> <li>□ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.</li> </ul>		□ Full Filing Fee attached □ Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. [If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]		
	UPTCY CASE FILED BY C			
Name of Debtor	BTOR (Report information for any additional cases on a Case Number		Date	
Relationship	District		Judge	
ALLEGATIONS (Check applicable boxes)  1. □ Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b).  2. □ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.  3.a. □ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount;  or  b. □ Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the		COURT USE ONLY		
	of less than substantially all o	of the property of the		

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Name of Debtor	
Case No	

TRANSFER OF CLAIM  Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).					
REQUEST FOR RELIEF  Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.					
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.					
x	xSignature of Attorney	Date			
		Date			
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing Address of Individual	Address				
Signing in Representative Capacity	Telephone No.				
x	xSignature of Attorney	Date			
	· ·	Date			
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing Address of Individual	Address				
Signing in Representative Capacity	Telephone No.				
xSignature of Petitioner or Representative (State title)	xSignature of Attorney	Date			
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing	Address				
Address of Individual Signing in Representative Capacity	Telephone No.				
PETITIONING (	CREDITORS				
Name and Address of Petitioner	Nature of Claim	Amount of Claim			
Name and Address of Petitioner	Nature of Claim	Amount of Claim			
Name and Address of Petitioner	Nature of Claim	Amount of Claim			
Note: If there are more than three petitioners, attach additional sheets we penalty of perjury, each petitioner's signature under the statement and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims			

continuation sheets attached